

2017

MEDICAID - MEDICARE DESK REFERENCE GUIDE

Compliments of

C. DAN CAMPBELL

C. Dan Campbell, P. C.
ATTORNEY AT LAW

PHONE: (940) 696-5015 4245 KEMP BLVD., SUITE 800

FAX: (940) 691-3274 WICHITA FALLS, TEXAS 76308

EMAIL: cdancampbell1@aol.com

WEBSITE: www.cdancampbel.com

Medicaid Numbers

Divestment Penalty Divisor	\$162.41 - Per Day
Income Cap	\$2,205.00
Individual Resource Allowance	\$2,000.00
Monthly Personal Needs Allowance	\$60.00
Minimum Community Spouse Recourse Allowance	\$24,180.00
Maximum Community Spouse Resource Allowance	\$120,900.00
Resource Allowance for a Couple (Husband & Wife both reside in facility)	\$3,000.00
Monthly Maintenance Needs Allowance	\$3,022.50
Maximum Homestead Equity	\$560,000.00

Medicare & Social Security Numbers

Medicare Part B Premium	\$104.90 – Per Day
Skilled Nursing Facility Co-payment, days 21-100	\$161.00 – Per Day
Hospital Stay Deductible	\$1,316.00
Hospital Co-pay, days 61-90	\$329.00 – Per Day
Hospital Co-pay, days 91-150 (Beyond 150 days, patient pays actual hospital costs)	\$658.00 – Per Day
Part B (Medical) Annual Deductible (You Pay 20% of the Medicare approved amount for services after you meet the \$183.00 deductible)	\$183.00